



MEDICAL CARE AUTHORIZATION FORM

Approved First Responder Facility

Med Now
2035-A W Houston
Broken Arrow, OK 74012
918-286-6331

After Hours

St. Francis Hospital – BA
2950 S Elm Ave
Broken Arrow, OK 74012
918-451-5226

TO BE COMPLETED BY EMPLOYER

Employer Northeastern State University

Employee Name _____

Nature of Injury _____ Body Part(s) _____

Date of Injury _____ Time of Injury _____

Authorized Signature _____ Date _____

Title _____

TO BE COMPLETED BY PHYSICIAN

Diagnosis _____

Treatment _____

O.K. to return to regular duty on _____

Return to see me on _____

O.K. to work light duty beginning _____

With the following limitations _____

Unable to return to work until _____

(Note: It is the philosophy of NSU to provide a modified duty work when possible.)

I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are correct and complete.

Physicians Signature _____

This authorization applies to initial evaluation only. Any subsequent treatment, diagnostics, or referrals need to be preauthorized by Consolidated Benefits Resources. If prescriptions are appropriate, please give the patient a written prescription.

PLEASE FORWARD THE COMPLETED ORIGINAL FORM AND YOUR BILL DIRECTLY TO:

Consolidated Benefits Resources, L. L. C.
P.O. Box 581630
Tulsa, OK. 74158-1630
(918) 594-5170
(800) 826-0419 (toll free)
(918) 594-5171 (fax)
(888) 594-5171 (toll free fax)
RETAIN COPY FOR YOUR FILE

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.